

**MEDICAL EMERGENCY INFORMATION
IMPORTANT!**

PLEASE ATTACH A COPY OF THE STUDENT'S INSURANCE CARD TO THIS FORM

Student's Name _____

Please list any health condition or special circumstances that we ought to know about prior to emergency treatment, if such treatment is necessary:

List any medications taken by the student:

List any allergies: _____

Any special dietary requirements?

Is the student current on all his or her vaccinations? Yes _____ No _____

If no, please list vaccinations not yet received: _____

Name of physician: _____ Name of Dentist: _____

Physician Phone# _____ Dentist Phone#: _____

Emergency Contact #1: _____ Ph# _____

Emergnecy Contact #2: _____ Ph# _____

Health/Accident insurance carrier and policy number: _____

I, a parent or legal guardian of _____, a Northern California Flute Camp student at Hidden Valley Music Seminars, do give my consent for any and all medical aid, treatment, or surgery deemed necessary by a representative of the administration of the staff of Hidden Valley Music Seminars. I understand that all costs for such aid, treatment or surgery shall be my responsibility and shall be payable upon receipt of billing. It is also understood that Hidden Valley Music Seminars shall notify the undersigned immediately if any medical aid is deemed necessary.

Parent or Guardian (please print)

Parent or Guardian Signature

Date

IMPORTANT: Withholding any information regarding this student's health or medication is ground for immediate dismissal and/or refusal of future admission.

REMINDER: WE MUST receive a copy of the student's insurance card with this form.